



FREEDOM OF INFORMATION REQUEST

(Please Print)

Requester Name _____

Agency/Company Name _____

Address _____ City _____ State _____ Zip Code _____

Home Telephone Number ____/____-____ Work ____/____-____

Description of requested record(s) sought. *(Please be as specific as possible)* Include Date approximate Time and Police Case Report Number/s if applicable.

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

Request is made to (check one or both): **INSPECT** and/or **COPY**. Item Numbers _____

Signature of Requestor X _____

The Department will respond to or deny a request for public records within seven (7) working days after its receipt.

FOR OFFICE USE ONLY			
Date Received: _____	Date Due: _____	Date given or mailed: _____	
Records: Copied: _____	Inspected _____	Certified _____	Mailed _____
Copying & Certifying Fee: \$ _____	Paid: \$ _____	Fee Waived by: _____	
_____	_____	<input type="checkbox"/> Request Approved	
Signature of Employee	Title	<input type="checkbox"/> Request Denied	
		<input type="checkbox"/> Letter Sent	